SECTION 10
FAMILY PLANNING SERVICES

Family planning is defined as any medically approved diagnosis, treatment, counseling, drug, supply, or device prescribed or furnished by a provider to individuals of child-bearing age to enable such individuals to freely determine the number and spacing of their children.

When billing family planning services, providers must:

- Use a diagnosis code in the range of V25 through V25.9; and
- Enter "F" in field 24H on the CMS-1500 or the appropriate field if billing electronically.

COVERED SERVICES

A provider may bill as a family planning service the appropriate office visit code which includes one or more of the following services.

- Obtaining a medical history
- A pelvic examination
- The preparation of smears such as a Pap Smear
  Note: Obtaining a specimen for a Pap smear is included in the office visit. Screening and interpretation of a Pap smear can be reimbursed only to a clinic or certified independent laboratory employing an approved pathologist, or to an individual pathologist.
- A breast examination
- All laboratory and x-ray services provided as part of a family planning encounter are payable as family planning services.
- A pregnancy test would be family planning related if provided at the time at which family planning services are initiated for an individual, at points after the initiation of family planning services where the patient may not have properly used the particular family planning method, or when the patient is having an unusual response to the family planning method.
- HIV blood screening testing performed as part of a package of screening testing and counseling provided to women and men in conjunction with a family planning encounter is reimbursable as a family planning service.

Billing for Birth Control Devices and Systems

Effective for dates of service on and after February 1, 2008, physicians, nurse practitioners, nurse midwives, clinics, public health agencies, FQHCs and provider based rural health clinics **can no longer bill for birth control devices or systems on paper claim forms** (CMS 1500 or UB-04). Claims for these services **must** be billed electronically.

A provider must submit claim for a birth control device or system on an electronic Professional or Institutional ASC X12N 837 Health Care claim transaction or by manually entering a claim into MO HealthNet's billing Web site, www.emomed.com. The system will automatically generate a separate claim for the NDC to process as a pharmacy claim and will appear as a separate claim on the provider's Remittance Advice.

Physicians, nurse practitioners, nurse midwives, clinics, public health agencies, FQHCs and provider based rural health clinics also have the option to submit a separate claim to report only the device or system information by using the Pharmacy Form claim option at the MO HealthNet billing Web site, emomed.com. This is the same option currently used by physicians when billing for injectables dispensed in the office or clinic.

COPPER INTRAUTERINE **D**EVICE (IUD**), LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, VAGINAL RING, AND DEPO-PROVERA INJECTION**

Physicians, nurse practitioners, nurse midwives, clinics, FQHCs and public health agencies must bill for the these items on the electronic Professional or Institutional ASC X12N 837 Health Care claim transaction using the National Drug Code (NDC). The items can be billed also using the emomed.com Pharmacy Claim form.

Provider Based RHCs can bill for these items using the product's NDC on the electronic Institutional ASC X12N 837 Health Care claim transaction or by manually entering a UB-04 claim into MO HealthNet's billing Web site, www.emomed.com. The items can be billed also using the emomed.com Pharmacy Claim form.

The fee for procedure code 58300 (insertion of IUD) covers insertion of the IUD. The appropriate office visit procedure code may be billed for the removal of the IUD. (Procedure code 58301 is not a billable procedure as payment for the service is included in the office visit procedure code.)

DIAPHRAGMS OR CERVICAL CAPS

The fitting of a diaphragm or cervical cap is included in the fee for an office visit procedure code. The cost of the diaphragm can be billed using procedure code A4266. The cost of the cervical cap can be billed using procedure code A4261. An invoice indicating the type and cost of the items must be submitted with claims for these services for manual pricing.

IMPLANTABLE CONTRACEPTIVE CAPSULE SYSTEM

Physicians, nurse practitioners, nurse midwives, clinics, FQHCs and public health agencies must bill for the system on the electronic Professional or Institutional ASC X12N 837 Health Care claim transaction using the National Drug Code (NDC). The system can be billed also using the emomed.com Pharmacy Claim form.

Provider-based RHCs can bill for the system using the NDC on an electronic Institutional ASC X12N 837 Health Care claim transaction or by manually entering a UB-04 (RHC) claim into MO HealthNet's billing Web site, www.emomed.com. The system can be billed also using the emomed.com Pharmacy Claim form.

The following procedure codes are for insertion only, removal only, or removal with reinsertion only and do not include reimbursement for the system.

11975 - insertion, implantable contraceptive capsules
11976 - removal, implantable contraceptive capsules
11977 - removal, implantable contraceptive capsules with reinsertion

An office visit code may not be billed in addition to any of the above procedure codes.

STERILIZATIONS

A *Sterilization Consent* form is a required attachment for all claims containing the following procedure codes: 55250, 58565, 58600, 58605, 58611, 58615, 58670, and 58671. **The MO HealthNet participant must be at least 21 years of age at the time the consent is obtained and be mentally competent.** The participant must have given informed consent voluntarily in accordance with Federal and State requirements.

The *Sterilization Consent* form must be completed and signed by the participant at least **31** days, but not more than **180** days, prior to the date of the sterilization procedure. There must be **30** days between the date of signing and the surgery date. The day after the signing is considered the first day when counting the 30 days. There are provisions for emergency situations (reference Section 10.2.E (1) of the *MO HealthNet Provider Manua*l available on the Internet at www.dss.mo.gov/mhd/providers/index.htm).

The *Sterilization Consent Form* can be submitted also through the emomed Internet Web site. The provider must still maintain a properly completed paper form in the patient's files and must provide a copy of the paper form to the hospital if the service was performed in the hospital.

Essure - The Essure procedure is a permanent birth control alternative without incisions into the abdomen and any sutures or long postoperative recovery period. Essure is a device that is inserted into each fallopian tube which once incorporated into the fallopian tube, causes a localized tissue reaction. The body tissue grows into the micro-inserts, blocking the fallopian tubes.

MO HealthNet covers the Essure procedure (CPT code 58565). The *Sterilization Consent Form* must be completed and signed at least 30 days prior to the sterilization.

SERVICES FOR WOMEN FOLLOWING THE END OF PREGNANCY – ME (MEDICAL ELIGIBILITY) CODE 80

Services for medical eligibility code “80" are limited to family planning, and testing and treatment of Sexually Transmitted Diseases (STDs) and are provided on a fee-for-service basis only. The treatments of medical complications occurring from the STD are **not** covered for this program. The co-pay requirement does not apply to ME code “80".

Women with ME Code 80 are not eligible for HCY benefits and procedure codes billed with the EP modifier designating an HCY service are not covered.

Covered Procedure Codes for ME "80"

Code	Description
A4261	Cervical cap (invoice required with claim)
A4266	Diaphragm (invoice required with claim)
*	Injection - Medroxyprogesterone acetate (Depo-Provera), 150 mg (
*	IUD
*	Levonorgestrel-Releasing Intrauterine Contraceptive System, 52 mg
*	Contraceptive vaginal ring
*	Contraceptive hormone patch
*	Levonorgestrel implant system
*	Etonogestrel (contraceptive) implant system including implant and supplies
Q0111	Wet mounts (PPMP CLIA List)
T1015	Rural health clinic encounter (independent RHC)
00851	Aesthesia for intraperitoneal procedure in lower abdomen including laparoscopy, tubal ligation/transection
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium
11975	Insertion - Implantable contraceptive capsule system
11976	Removal - Implantable contraceptive capsule system
11977	Removal with reinsertion - Implantable contraceptive capsule system
58300	Insertion - IUD
58565	Hysteroscopy, sterilization
58600	Ligation or transection of fallopian tubes
58611	Ligation or transection of fallopian tubes, at time of C-section
58615	Occlusion of fallopian tubes by device
58670	Laparoscopy, with fulguration of oviducts
58671	Laparoscopy, with occlusion of oviducts by device
74740	Hysterosalpingography
74742	Transcervical catheterization of fallopian tube, radiological
76830	Ultrasound, transvaginal
76831	Echo exam, uterus
76856	Ultrasound, pelvic, real time with image documentation, complete
76857	Ultrasound, pelvic, limited or follow-up
99070	Supplies and materials over and above those usually included with office visit (requires invoice with claim)

* These items must be billed electronically with an NDC and a decimal quantity.

99201-99215	Evaluation and management office/outpatient procedures (Do **not** use the EP modifier with these codes.)

99383-99386	Initial comprehensive preventive medicine (new patient) (Do **not** use the EP modifier with these codes.)
99393-99396	Periodic comprehensive preventive medicine (established patient) (Do **not** use the EP modifier with these codes.)
Lab procedures	Pap tests, tests to identify a STD, urinalysis, and blood work related to family planning or STDs.

Covered Diagnosis Codes for ME "80"

V25-V25.9	Encounter for Contraceptive Mgt
V72.31	Gynecological Exam
V73.8-V73.88	Other Specified Viral and Chlamydial Diseases
V73.9-V73.98	Unspecified Viral and Chlamydial Disease
V74.5	Venereal Disease
054.1-054.19	Genital Herpes
091-091.2, 092-092.9	Syphilis
098-098.19	Gonococcal Infections
099-099.9	Other Venereal Diseases

Covered Birth Control Products

Progestational Agents	Contraceptives, Implantable
Contraceptives, Oral	Contraceptives, Injectable

Drugs Used To Treat STDs

Keratolytics	Aminoglycosides	Penicillins
Absorbable Sulfonamides	Vaginal Antifungals	Antifungal Agents
Probenecid	Tetracyclines	Vaginal Antibiotics
Topical Antiparasitics	Macrolides	Lincosamides
Topical Antivirals	Cephalosporins	Quinolones
Antivirals, General		